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FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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PROCESSED SEP 1 9 2008

FORM D

THOMSON REUTER PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

Wash

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ington, DC	Prefix	Serial			
101	DATE RE	CEIVED			

Filing Under (Check box()	s) that apply) [Rule 504	Rule 506 E	Section 4(6) []ULOE	
Type of Filing: ☑ New Fi			1 200 11011 1	, _[]	
	A. BASIC IDENTII	FICATION	DATA		1700HI 68707 INIH 6870 ARRA HAHA HAHA HAHA HAHA HAHA HAHA HAH
1. Enter the information rec	uested about the issuer				
Name of Issuer ([X] check clickNsettle.com, Inc.	if this is an amendment and name has changed, and	indicate cha	nge.)		08059998
CONTRACTOR OF THE PERSON NAMED IN CONTRA			•		
Address of Executive Office 4400 Biscayne Boulevard	. (Tele	ephone Numi	er (Including Ar	ea Code)
4400 Biscayne Boulevard	Suite 950 Miami, FL 33137 ess Operations (Number and Street, City, State, Zip			oer (Including Ar	
4400 Biscayne Boulevard Address of Principal Busin	Suite 950 Miami, FL 33137 ess Operations (Number and Street, City, State, Zip Offices)				
Address of Principal Busin (if different from Executive Brief Description of Busine	Suite 950 Miami, FL 33137 ess Operations (Number and Street, City, State, Zip Offices) ss:				
Address of Principal Busin (if different from Executive Brief Description of Busine Medical Device Business	Suite 950 Miami, FL 33137 ess Operations (Number and Street, City, State, Zip Offices) ss:	Code) To	elephone Nur	nber (Including A	
Address of Principal Busin (if different from Executive Brief Description of Busine Medical Device Business Type of Business Organiza	Suite 950 Miami, FL 33137 ess Operations (Number and Street, City, State, Zip Offices) ss:	Code) To	elephone Nur	nber (Including A	Area Code)
Address of Principal Busin (if different from Executive Brief Description of Busine Medical Device Business Type of Business Organiza Corporation	Suite 950 Miami, FL 33137 ess Operations (Number and Street, City, State, Zip Offices) ss: ion limited partnership, already formed	Code) To	elephone Nur	nber (Including A	Area Code)
Address of Principal Busin (if different from Executive Brief Description of Busine Medical Device Business Type of Business Organiza Corporation business trust	Suite 950 Miami, FL 33137 ess Operations (Number and Street, City, State, Zip Offices) ss: ion limited partnership, already formed	Code) To	elephone Nur	nber (Including A	Area Code)

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

		A. BASIC IDENT	TIFICATION DATA		
2. Enter the information reque	sted for the following	ıg:			, , , , , , , , , , , , , , , , , ,
-		er has been organized with	•		
 Each beneficial ow issuer; 	ner having the power	er to vote or dispose, or dire	ect the vote or disposition	of, 10% or more of a	class of equity securities of the
	icer and director of a	corporate issuers and of cor	porate general and managi	ing partners of partne	ership issuers; and
	nanaging partner of		heren Berrera mre		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director □	General and/or Managing Partner
Full Name (Last name first, if Glenn L. Halpryn	individual)		,		
Business or Residence Addres 4400 Biscayne Boulevard					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☑ Executive Officer ☑		neral and/or naging Partner
Full Name (Last name first, if Alan Jay Weisberg	individual)				
Business or Residence Addres 4400 Biscayne Boulevard					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☑ Director □	General and/or Managing Partner
Full Name (Last name first, if Noah M. Silver	individual)				
Business or Residence Addres 4400 Biscayne Boulevard					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☑ Director □	General and/or Managing Partner
Full Name (Last name first, if Dr. Curtis Lockshin	individual)				•
Business or Residence Addres 4400 Biscayne Boulevard					
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	Executive Officer	Director [General and/or Managing Partner
Full Name (Last name first, if Frost Gamma Investments T					
Business or Residence Addres 4400 Biscayne Boulevard	•				

2 of 10

Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner	
Full Name (Last name first, if Andrew A. Brooks, M.D., F.	,		_			
Business or Residence Addres 8899 Beverly Boulevard, Sui	•					
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner	
Full Name (Last name first, if Mikhail Kvitnitsky	individual)					
Business or Residence Addres 20 Annabelle Avenue, Clifto	•					

B. INFORMATION ABOUT OFFERING

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Yes No □ 🛛			
				Answei	also in Ap	pendix, Col	umn 2, if fil	ing und er U	LOE.			
2. What is the minimum investment that will be accepted from any individual?									\$10,000			
3. Does the offering permit joint ownership of a single unit?									Yes No ☑ □			
remuner	ration for se or agent of	olicitation of a broker or	of purchase dealer regi	rs in conne stered with	ction with s the SEC ar	ales of secu ad/or with a	rities in the state or stat	offering. If es, list the n	a person to l ame of the t	be listed is a proker or de	ission or sim in associated aler. If more oker or deale	than
Full Nat	me (Last na	ıme first, if	individual)				•••				
Busines N/A	s or Reside	nce Addres	s (Number	and Street	, City, State	, Zip Code)	ı					
Name o	f Associate	d Broker o	r Dealer									
	n Which Pe				nds to Solic	it Purchaser	3	•		Г	All States	
•				•		CTI	(DE)	(DC)	(FL)	[GA]		[ID]
[AL]	[AK]	(AZ)	(AR)	[CA]	[CO]	(CT)	[DE]	(DC)	(MI)	[MN]	[MS]	[MO]
(IL)	[IN]	(IA)	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	(OH)	[OK]	(M3) (OR)	(PA)
[MT]	[NE]	[NV]	[NH]	[N]	[MM]	[NY]	[NC]	[ND]			[WY]	(PR)
(RI)	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[AA I]	frici

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C	OFFERING PRICE	NUMBER (OF INVESTORS	EXPENSES AND	USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold.

Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in

the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Sold Type of Security Offering Price Debt \$17,980,000 \$17,980,000 Equity Common Preferred \$ Convertible Securities (including warrants) \$ Partnership Interests S \$ Other (Specify) Units of Limited Liability Company Membership Interests \$17,980,000 \$17,980,000 Total Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number Investors of Purchases 57 \$17,980,000 Accredited Investors 0 \$0 Non-accredited Investors 0 **\$**0 Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Dollar Amount Type of Security Sold Type of offering N/A Rule 505 N/A Regulation A N/A Rule 504 Total 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. 3,000.00 Transfer Agent's Fees \$ 100,000.00 Printing and Engraving Costs \$ 700,000.00 Legal Fees Accounting Fees S Engineering Fees П S Sales Commissions (specify finders' fees separately) Other Expenses (identify) - \$ 803,000.00 Total b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished \$17,177,000.00 in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the

Construction or leasing of plant buildings and facilities......

Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)

Purchase, rental or leasing and installation of machinery

and equipment

Other (specify): Investment in Affiliate

\$17,177,000

(Signature Page Follows)

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	Date
clickNsettle.com, Inc.	DL/S	September 10, 2008
Name of Signer (Print or Type): Glenn L. Halpryn	Title of Signer (Print or Type): President and CEO	

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

(Remainder of Page Left Intentionally Blank)

E. STATE SIGNATURE		
1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes □	No ⊠
See Appendix, Column 5, for state response.	_	_

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date September 10, 2008
clickNsettle.com, Inc.	1/4/00	
Name of Signer (Print or Type): Glenn L. Halpryn	Title of Signer (Print or Type): President and CEO	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

(Remainder of Page Left Intentionally Blank)

1	I 2 3 Intend to sell to non-accredited investors in State (Part B-Item 1) 3 Type of security and aggregate offering price offered in state (Part C-Item 1)			Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
				Number of Accredited		Number of Non-Accredited		V	M.	
State	Yes	No	Series B Preferred Stock	Investors	Amount	Investors	Amount	Yes	No	
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AR										
CA		х	Shares of Common Stock	23	\$4,853,333	-0-	-0-		х	
со		х	Shares of Common Stock	2	\$1,500,000	İ .	<u> </u>		х	
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DC				<u> </u>						
FL		х	Shares of Common Stock	20	\$8,305,000	<u> </u>			Х	
GA		х	Shares of Common Stock	2	\$650,000	1			×	
Ш				 			<u> </u>			
ID IL		X	Shares of Common Stock	 	\$500,000		<u> </u>		x	
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נא		Х	Shares of Common Stock	1	\$501,667	-0-	-0-		^	
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NY		X	Shares of Common Stock	3	\$370,000	-0-	-0-	<u> </u>	^	
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